Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main

B) (OIII	cial Form 1) (4/				_Document	Page :	L of 47	<b>'</b>		
			red States B. orthern Dist					vo:	LUNTARY PE	ITTION
Name of	of Debtor (if ind	ividual, enter L	ast, First, Midd	le):		Name of	Ioint Debt	or (Spouse) (Last, Fire	st, Middle):	
All Oth	Holton, Constance All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
(if more 8922	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 8922				Last four (if more t	digits of S	YORTHERN DISTRIC	TE Chaye 1) (I	TIN)/Complete EIN	
	Address of Debt		eet, City, and St	ate):		Street Ad	lress of Jo	int Delian No. and S	treet, Clini, HON	RT rate):
	<i>I</i> liami Stree Forest IL 6	•				1		2	5. 1.2 5 5 F	
				E	ZIP CODE		JEFFR	EY P. ALLSTE	_	ZIP CODE
County	of Residence or	of the Principa	al Place of Busin	ness:		County of	Residence	or of the Principal P	स्टिक कि कि	EIF CODE
	Address of Del	otor (if differen	t from street add	dress):				Joint Debtor (if differe		
				ŕ				ome Debtor (if differ	an nom succi ac	idiess).
					ZIP CODE					ZIP CODE
Locatio	n of Principal A	ssets of Busine	ss Debtor (if dit	ferent fro	om street address above)					715.0055
	Тур	of Debtor			Nature of Busin	ess		Chapter of Ban		ZIP CODE Inder Which
		f Organization) k <b>one</b> box.)	l		(Check one box	)		the Petition	is Filed (Check	one box.)
Se Co	dividual (include Exhibit D on porporation (includer the contraction) and the contraction of the contraction	page 2 of this for ades LLC and L not one of the	orm. LLP) above entities.		Health Care Business Single Asset Real Estat 11 U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank	e as defined i		Chapter 9 Chapter 11	Recognitio Main Proce Chapter 15	Petition for n of a Foreign
				لا	Other				ature of Debts Theck one box.)	
					Tax-Exempt End (Check box, if applied Debtor is a tax-exempt of under Title 26 of the Un Code (the Internal Reve	able.) organization oited States	d § ii p	Debts are primarily collebts, defined in 11 U. 101(8) as "incurred be individual primarily for ersonal, family, or hoold purpose."	nsumer D S.C. b oy an r a	ebts are primarily usiness debts.
		Filing Fee	e (Check one bo	x.)		Charles	***************************************	Chapter 11	Debtors	
<b>☑</b> Fil	Il Filing Fee atta ing Fee to be pa ned application	id in installmer	nts (applicable to	o individu	uals only). Must attach	Debt.	or is a sma	ll business debtor as d small business debtor	lefined in 11 U.S as defined in 11	t.C. § 101(51D). U.S.C. § 101(51D).
un:	able to pay fee e ing Fee waiver i	xcept in install: requested (appl:	ments. Rule 10 icable to chapte	06(b). Se r 7 indiví	duals only). Must	Check if:  Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter).				
					Official Point 35.	Check all a	pplicable n is being: otances of		d prepetition from	n one or more classes
Statistic	al/Administrati	ve Informatio	n						<u> </u>	THIS SPACE IS FOR
	Debtor estima distribution to	tes that, after a unsecured cree	ny exempt prop	for distri erty is ex	bution to unsecured creat	litors. e expenses pa	id, there v	vill be no funds availa	ble for	COURT USE ONLY
<b>₽</b> 1-49	Number of Cro	editors 100-199		1,000- 5,000		] ),001- 5,000		50,001- 100,000	Over 100,000	
Estimated \$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	□ \$1,000,00 to \$10 million	to \$50 to		□ \$100,000,0 to \$500 million	001 \$500,000,001 to \$1 billion	More than	
Estimated  \$0 to \$50,000	1 Liabilities  \$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1	\$1,000,00 to \$10 million	to \$50 to	0,000,001	\$100,000,0 to \$500	5500,000,001 to \$1 billion	More than	

B1 (Official Form 1) (4/10) Document Page 2 of 47 Page 2 Voluntary Petition Name of Debtor(s): (This page must be completed and filed in every case.) Constance Holton All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet. Location Case Number: Where Filed: Date Filed: Location Case Number: Date Filed Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet Name of Debtor: Case Number: Date Filed: District: Northern District of Illinois Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) (To be completed if debtor is an individual whose debts are primarily consumer debts.) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. Ø No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) M Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  $\Box$ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

Case 16-15809

Doc 1

Filed 05/10/16

Entered 05/10/16 11:39:13

Desc Main

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 3 of 47

B1 (Official Form) 1 (4/10) Page 3 Voluntary Petition Name of Debtor(s): Constance Holton (This page must be completed and filed in every case.) Signatures Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this petition is true I declare under penalty of perjury that the information provided in this petition is and correct. true and correct, that I am the foreign representative of a debtor in a foreign [If petitioner is an individual whose debts are primarily consumer debts and has proceeding, and that I am authorized to file this petition. chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such (Check only one box.) chapter, and choose to proceed under chapter 7. ☐ 1 request relief in accordance with chapter 15 of title 11, United States Code. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I Certified copies of the documents required by 11 U.S.C. § 1515 are attached. have obtained and read the notice required by 11 U.S.C. § 342(b). Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the I request relief in accordance with the chapter of title 11, United States\_Code, chapter of title 11 specified in this petition. A certified copy of the specified in this petition. order granting recognition of the foreign main proceeding is attached. X Signature of Debtor (Signature of Foreign Representative)  $\mathbf{X}$ Signature of Joint Debtor (Printed Name of Foreign Representative) telephone Number (if not represented by attorney) 04/25/2016 Date Signature of Attorney\* Signature of Non-Attorney Bankruptcy Petition Preparer X I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as Signature of Attorney for Debtor(s) defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information Printed Name of Attorney for Debtor(s) required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a Firm Name maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached. Address Telephone Number Printed Name and title, if any, of Bankruptcy Petition Preparer Date Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, \*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a responsible person or partner of the bankruptcy petition preparer.) (Required certification that the attorney has no knowledge after an inquiry that the information by 11 U.S.C. § 110.) in the schedules is incorrect. Signature of Debtor (Corporation/Partnership) I declare under penalty of perjury that the information provided in this petition is true Address and correct, and that I have been authorized to file this petition on behalf of the X The debtor requests the relief in accordance with the chapter of title 11, United States Date Code, specified in this petition. Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above. Signature of Authorized Individual Names and Social-Security numbers of all other individuals who prepared or Printed Name of Authorized Individual assisted in preparing this document unless the bankruptcy petition preparer is not an Title of Authorized Individual individual. Date If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment

or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B 1D (Official Form 1, Exhibit D) (12/09)

### UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re Constance Holton	Case No.
Debtor	(if known)

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- I. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.
- ☐ 2. Within the 180 days before the filing of my bankruptcy case, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.

B 1D (Official Form 1, Exh. D) (12/09) - Cont.	Page 2
☐ 3. I certify that I requested credit counseling services from an approwas unable to obtain the services during the seven days from the time I made following exigent circumstances merit a temporary waiver of the credit couns so I can file my bankruptcy case now. [Summarize exigent circumstances here]	my request, and the
If your certification is satisfactory to the court, you must still obta counseling briefing within the first 30 days after you file your bankrupted promptly file a certificate from the agency that provided the counseling, to copy of any debt management plan developed through the agency. Failur requirements may result in dismissal of your case. Any extension of the 3 can be granted only for cause and is limited to a maximum of 15 days. You be dismissed if the court is not satisfied with your reasons for filing your	y petition and together with a re to fulfill these 30-day deadline
without first receiving a credit counseling briefing.	Dankruptcy case
4. I am not required to receive a credit counseling briefing because applicable statement. [Must be accompanied by a motion for determination	of: [Check the by the court.]
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired b illness or mental deficiency so as to be incapable of realizing and making decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically it extent of being unable, after reasonable effort, to participate in a credit briefing in person, by telephone, or through the Internet.); ☐ Active military duty in a military combat zone.	ing rational
☐ 5. The United States trustee or bankruptcy administrator has determine counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.	ined that the credit
I certify under penalty of perjury that the information provided absorrect.	oove is true and
Signature of Debtor:	
Date: 04/25/2016	~~~~~

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 6 of 47

B6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court

Northern District of Illinois

In re CONSTANCE HOLTON	Case No.
Debtor	***************************************
	Chapter 7

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	1	\$ 700.00		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	11		\$ 88,425.00	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 1,640.00
J - Current Expenditures of Individual Debtors(s)	YES	1			\$ 2,400.00
Т	OTAL	20	s 700.00	\$ 88,425.00	

B 6 Summary (Official Form 6 - Summary) (12/07)

# United States Bankruptcy Court

Northern District of Illinois

In re CONSTANCE HOLTON Debtor	Case No.
	Chapter7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amou	nt
Domestic Support Obligations (from Schedule E)	\$	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$	0.00
Student Loan Obligations (from Schedule F)	\$	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$	0.00
TOTAL	\$	0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 1,640.00
Average Expenses (from Schedule J, Line 18)	\$ 2,400.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 1,640.00

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 88,425.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 88,425.00

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 8 of 47

B6A (Official Form 6A) (12/07)

In re Constance Holton	
•	Case No.
Debtor	(If known)

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
	Tota		0.00	

(Report also on Summary of Schedules.)

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Mair
B 6B (Official Form 6B) (12/07)		Document	Page 9 of 47	

In re	Constance Holton	Case No.
	Debtor	(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	×			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	*			
3. Security deposits with public utilities, telephone companies, landlords, and others.	x			
Household goods and furnishings, including audio, video, and computer equipment.		3 rooms of furniture		600.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	x			server in the retaining All Mark
6. Wearing apparel.		wearing clothing		100.00
7. Furs and jewelry.	x			
Firearms and sports, photographic, and other hobby equipment.	×			
Interests in insurance policies.     Name insurance company of each policy and itemize surrender or refund value of each.	×			
10. Annuities. Itemize and name each issuer.	×			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	x			

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main

Case 10-13003	DOC I	LIIGO OSITOITO	Lilicien 03/10/10 11:33.
B 6B (Official Form 6B) (12/07) Cont.		Document	Page 10 of 47

In re Constance Holton	O N
Debtor	Case No.
Dentor	(If known)

# **SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	x			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	×			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	×			
16. Accounts receivable.	X	ann an am am 1990 an 1	A DEAM	
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	x			The training states of the sta
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	×			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	x			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	×			

#### 

In re	Constance Holton	Case No	
	Debtor	 	(If known)

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	x			
23. Licenses, franchises, and other general intangibles. Give particulars.	×			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	×			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	×		3.	
26. Boats, motors, and accessories.	х		À	
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	x			
29. Machinery, fixtures, equipment, and supplies used in business.	×			
30. Inventory.	x		5 5	100 July 100
31. Animals.	×	Patiente de la constitución de l	A.P.	
32. Crops - growing or harvested. Give particulars.	x			
33. Farming equipment and implements.	×			
34. Farm supplies, chemicals, and feed.	х			
35. Other personal property of any kind not already listed. Itemize.	×			
		continuation sheets attached Total	-	\$ 700.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Mair
36C (Official Form 6C) (04/13)		Document	Page 12 of 47	

In re Constance Holton	Case No.
Debtor	(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$155,675.*
□, 11 U.S.C. § 522(b)(2)	
☑ 11 U.S.C. § 522(b)(3)	

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
3 rooms of furniture	735 ILCS 5*12-1001(b)		600.00
wearing clothing	735 ILCS 5*12-1001(a)		100.00

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 13 of 47

B 6D (Official Form 6D) (12/07)

In re Constance Holton ,	Case No.
Debtor	(If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

			•		•				
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	POR	ECURED TION, IF ANY
ACCOUNT NO.								<del></del>	
ACCOUNT NO.	777474		VALUE\$					7	and the state of t
ACCOUNT NO.			VALUE \$				- Add to a second and a second		
continuation sheets			VALUE \$ Subtotal ▶	T ************************************					1900allas
attached			(Total of this page)				\$ 0.00	\$	0.00
			Total ► (Use only on last page)				\$ 0.00	\$	0.00
							(Report also on Summary of Schedules.)	also on St	able, report atistical of Certain

also on Statistical
Summary of Certain
Liabilities and Related
Data.)

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Page 14 of 47 Document

3	6D (	Official	Form	6D)	(12/07)	- Cont
---	------	----------	------	-----	---------	--------

Debtor

In re Constance Holton

Case No.	
	(if known)

2

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	PORTIO	N, IF
ACCOUNT NO.				ļi					·
								na namana,	
			VALUE \$						
ACCOUNT NO.									
ACCOUNT NO.			VALUE \$						
ACCOUNT NO.		77.7	VALUE \$	111	119WA1				
ACCOUNT NO.			VALUE \$	T TANKE			\$1.50 Per 100		. <u>.</u>
Sheet noofcontinua	tion		VALUE \$ Subtotal (s)	71700000			\$	the state of the s	*
sheets attached to Schedule of Creditors Holding Secured Claims			(Total(s) of this page)				0.00	\$	0.00
			Total(s) ► (Use only on last page)				\$ 0.00	\$	0.00
			, , , , , , , , , , , , , , , , , , , ,			Ĺ	(Report also on Summary of Schedules )	(If applicable,	

Summary of Schedules.)

report also on Statistical Summary of Certain Liabilities and Related Data.)

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 15 of 47

B 6E (Official Form 6E) (04/10)

In re Constance Holton Case No. (if known)
--

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.	
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attac	ched sheets.)
Domestic Support Obligations	,

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 16-15809	Doc 1	Filed 05/10/16 Document	Entered 05/10/16 Page 16 of 47	11:39:13	Desc Main
B 6E (Official Form 6E) (04/10) - Cont.					
In re Constance Holton  Debtor			Case No(if k	nown)	<del></del>
Certain farmers and fishermen					
Claims of certain farmers and fisher	men, up to \$3	5,775* per farmer or fish	erman, against the debtor, as	provided in 11 U	.S.C. § 507(a)(6).
Deposits by individuals					
Claims of individuals up to \$2,600* that were not delivered or provided. 1	for deposits to U.S.C. § 50	for the purchase, lease, o 07(a)(7).	r rental of property or service	s for personal, fa	mily, or household use,
Taxes and Certain Other Debts (	Owed to Go	vernmental Units			
Taxes, customs duties, and penalties	owing to fed	leral, state, and local gov	ernmental units as set forth in	ı 11 U.S.C. § 507	(a)(8).
Commitments to Maintain the C	apital of an	Insured Depository Ins	titution		
Claims based on commitments to the Governors of the Federal Reserve Syste 507 (a)(9).	FDIC, RTC, em, or their p	Director of the Office of oredecessors or successors	f Thrift Supervision, Comptres, to maintain the capital of a	oller of the Curren in insured deposit	ncy, or Board of cory institution. 11 U.S.C.
Claims for Death or Personal Inj	ury While D	Debtor Was Intoxicated			
Claims for death or personal injury re rug, or another substance. 11 U.S.C. §	sulting from 507(a)(10).	the operation of a motor	vehicle or vessel while the d	ebtor was intoxic	ated from using alcohol, a
Amounts are subject to adjustment on djustment.	4/01/13, and	d every three years there.	after with respect to cases co	mmenced on or a	fter the date of

\_\_\_\_ continuation sheets attached

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
3 6E (Official Form 6E) (04/10) - Cont.		Document	Page 17 of 47	

In re Constance Holton	Case No.
Debtor	(if known)

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

	· · · · · · · · · · · · · · · · · · ·						Type of Priorit	y for Cla	ims List	ed on This Sheet
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	ENT	OUNT ITLED TO ORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.										
							770000000000000000000000000000000000000			
Account No.				were .						
Account No.										
Account No.										
Sheet noofcontinuation sheets atta of Creditors Holding Priority Claims	ched to S	Schedule	(To	Sı tals of	ubtotals this pa		\$ 0.00	\$	0.00	0.00
			Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)			ı <b>≻</b>	\$ 0.00			
			Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)			>		\$	0.00	\$ 0.00

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07)		Document	Page 18 of 47	

In re	Constance Holton	Case No.
	Debtor	(if known)

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no	credito	rs holding uns	ecured claims to report on this Sched	ıle F.	,		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Castle Ridge Builders P O BOX 90 FRANKFORT, IL 60423							5000.00
ACCOUNT NO.							
COM ED 7801 S Lawndale Ave Chicago, IL 60652							2000.00
ACCOUNT NO.							
NICOR GAS P O BOX 5407 CAROL STREAM IL 60197-5407							1000.00
ACCOUNT NO.							
AT&T P O BOX 5014 CAROL STREAM IL 60197-5014		**************************************					200.00
				1	Subto	otal≻	\$ 8200.00
continuation sheets attached						ile F.) istical	\$ 88,425.00

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
<b>B6F (Official Form 6F) (12/07) - Con</b>	ıt.	Document	Page 19 of 47	

In re	Constance Holton	,	Case No.	
*****	Debtor		(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
VILLAGE OF PARK FOREST P O BOX 83139 CHICAGO IL 60691-0139							200.00
ACCOUNT NO.			ADVOCATE SOUTH SUBURBAN		······································	<u> </u>	
HARRIS & HARRIS 111 WEST JACKSON BLVD #400 CHICAGO IL 60604-4135			HOSP	Progressor despectable in the configuration of the			300.00
ACCOUNT NO.							
DIVERSIFIED CONSULTANTS P O BOX 551268 JACKSONVILLE , FL 32255-1268							600.00
ACCOUNT NO.				<b></b>		<u> </u>	
MUNICIPAL COLLECTION SERVICE P O BOX 327 PALOS HEIGHT, IL 60463-0327							300.00
ACCOUNT NO.	<u> </u>						
D&A SERVICE 1400 E TOUHY AVE # G2 DESPLAINES, IL 60018						inter the state of contract contracts when the state of contracts of c	1700.00
Sheet noofcontinuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						total≯	\$3100.00
Total>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$ 88,425.00	

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07) - Con	ıt.	Document	Page 20 of 47	

In re	Constance Holton	, Case N	o
	Debtor	-	(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  FMA ALLIANCE LTD P O BOX 2409			QVC				400.00
HOUSTON, TX 77252-2409							400.00
ACCOUNT NO.			US CELLULAR				
DYNAMIC RECOVERY SOLUTION P O BOX 25759 GREENVILLE SC 29616-0759							1500.00
ACCOUNT NO.							
TITLE MAX 2700 E SAUK VILLAGE SAUK VILLAGE ,IL 6011						ANN AND AND AND AND AND AND AND AND AND	3000.00
ACCOUNT NO.							***************************************
CITY OF CHICAGO DEPT OF FINANCE CITATION P OBOX 5289 CHICAGO IL 60680							400.00
ACCOUNT NO.							
COMCAST P O BOX 3001 SOUTHEASTERNPA 19398-3001							400.00
Sheet noof continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						\$ 5700.00	
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$ 88,425.00	

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07) - Cor	ıt.	Document	Page 21 of 47	

In re	Constance Holton	,	Case No.
	Debtor		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			PROACTIV				
NORTH SHORE AGENCY 2700 SPAGNOLI ROAD #110 MELVILLE NY 11747							100.00
ACCOUNT NO.			DIRECT TV	<u> </u>	<u> </u>		
AFNI INC 1310 MARTIN LUTHER KING DRIVE P O BOX 3517 BLOOMINGTON, IL 61702-3517							300.00
ACCOUNT NO.			**************************************				
RICH EAST 300 SAUK TRAIL PARK FOREST, IL 60466							275.00
ACCOUNT NO.							
COOK COUNTY STATE ATTY BAD CHECK RESTITUTION P O BOX A3984 CHICAGO IL 60690-3984							300.00
ACCOUNT NO.							
GO FINANCIAL P O BOX 29294 PHOENIX, AZ 85038							15000.00
Sheet no. of continuation sheets attached Subtotal to Schedule of Creditors Holding Unsecured Nonpriority Claims						\$ 15975.00	
Total >  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)						\$ 88,425.00	

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Mair
36F (Official Form 6F) (12/07) - Con	t.	Document	Page 22 of 47	

In re	Constance Holton ,	Case No.	
	Debtor	(if known)	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  CREDENCE 1700 DALLAS PARKWAY SUITE 204 DALLAS, TX 75248			AT&T UVERSE				600.00
ACCOUNT NO.  DIRECT TV P O BOX 9001069 LOUISVILLE, KY 40290-1069							800.00
ACCOUNT NO.  ADVOCATE HEALTH CARE P O BOX 4521 CAROL STREAM IL 60197-4251							250.00
ACCOUNT NO.  NATIONAL PAYMENT MAIL CODE OH1-1272 P O BOX 182223 COLUMBUS OH 43218							200.00
ACCOUNT NO.  IC SYSTEM INC POBOX 64378 SAINT PAUL ,MN 55164-0378							100.00
Sheet no. of continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					<u>l</u> ototal≯	\$ 1950.00	
Total > (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$ 88,425.00		

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07) - Con	ıt.	Document	Page 23 of 47	

In re	Constance Holton	Case No.
	Debtor	(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  Ist loan financial 4714 lincoln highy matteson il 60443							2000.00
ACCOUNT NO.			***************************************			<u> </u>	
CHECK INTO CASH 4103 LINCOLN HIGH WAY MATTESON IL 60443							2000.00
ACCOUNT NO.	<u> </u>						
PLS LOAN STORE 1515 WESTERN AVE CHICAGO HEIGHT IL 60421							2000.00
ACCOUNT NO.			***************************************				
CASH NET USA					- Hermannes		2000.00
ACCOUNT NO.							
CHARTER ONE BANK 1215 Superior Avenue Cleveland, Ohio 44114							2000.00
Sheet noof continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					Ltotal≯	\$ 10,000.00	
Total (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$ 88,425.00		

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Mair
B6F (Official Form 6F) (12/07) - Cor	ıt.	Document	Page 24 of 47	

In re CONSTANCE HOLTON ,	Case No.
Debtor	(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
EXPRESS CASH MART LL P O BOX 5598 ELGIN IL	SAMORAN.			Andrea	T CONTRACTOR OF THE CONTRACTOR		2000.00
ACCOUNT NO.					ļ		
MB FINANICAL BANK 800 West Madison Street Chicago, IL 60607		100000					400.00
ACCOUNT NO.							
TCF BANK 8690 East Point Douglas Road South Cottage Grove MN 55016							400.00
ACCOUNT NO.							
GUARANTEE BANK 36933 Plank Road Oconomowoc, WI 53066							700.00
ACCOUNT NO.							****
CHECK AND GO 4824 Socialville Foster R Mason, OH 45040							2000.00
Sheet no. of continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					otal >	\$ 5500.00	
Total>  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$ 88,425.00		

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07) - Con	ıt.	Document	Page 25 of 47	

In re	CONSTANCE HOLTON	•	Case No.
	Debtor	<del></del> -	(if known)

F		-					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
SPRINT 6200 Sprint Parkway Overland Park, KS 66251					7.0011/1	**************************************	2000.00
ACCOUNT NO.	<u> </u>						
TMOIBLE 12920 SE 38th St.	-						2000.00
Bellevue, WA 98006							
ACCOUNT NO.							
US CELLUALAR 8410 W. Bryn Mawr Suite 700 Chicago, IL 60631-3486							2000.00
ACCOUNT NO.							
PLS LOAN 3120 Unionville Road, Bldg. 110 Cranberry Township, PA 16066	<b>*</b>						2000.00
ACCOUNT NO.							
CHECK INTOCASH 2378 172nd St Ste 6, Lansing, IL 60438							2000.00
Sheet no. of continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims					otal➤	\$ 10000.00	
Total➤  (Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)					\$ 88,425.00		

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07) - Con	ıt.	Document	Page 26 of 47	

In re	CONSTANCE HOLTON	 Case No.
	Debtor	 (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	_						
FIRST LOAN FINANCIAL 4714 W Lincoln Hwy,							2000.00
Matteson, IL 60443							
ACCOUNT NO.			EDDY MCCRACKEN				
CAINE AND WEINER P OBOX 5010 WOODLAND HILLS, CA 91365							4000.00
ACCOUNT NO.						<u> </u>	
COMMONWEALTH FINANCIAL 245 MAIL STEET DICKSON CITY , PA 18519							700.00
ACCOUNT NO.			AT &T				
ERC P O BOX 57547 JACKSONVILLE FL 32241			SPRINT T-MOIBLE				4000.00
ACCOUNT NO.							
GO FINANCIAL 7465 E HAMPTON MESA, AZ 85209							15000.00
Sheet noof continuation sheets at to Schedule of Creditors Holding Unsecution Nonpriority Claims		1	<u> </u>	<u> </u>	Sub	total≻	s 25700.00
. ,		(Report	(Use only on last page of the also on Summary of Schedules and, if app Summary of Certain Liab	olicable o	ed Scheo n the Sta	atistical	\$ 88,425.00

Case 16-15809	Doc 1	Filed 05/10/16	Entered 05/10/16 11:39:13	Desc Main
B6F (Official Form 6F) (12/07) - Cor	ıt.	Document	Page 27 of 47	

In re	CONSTANCE HOLTON	,	Case No.
	Debtor		(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  REGIONAL RECOVERY SERVICE 5250 S HOMAN AVE			WELLGROUP HEALTH PARTNERS				200.00
HAMMOND IN 46320							
ACCOUNT NO.			MEDICAL COMMUNITY HOSPITAL				
KOMYA'TTE AND CASBON DONNA SHARP COLL DEPT 9650 DORDON DRHIGHLAND IN 4632 46322			HOSFITAL				2000.00
ACCOUNT NO.	<del></del>		MATTESON LIBRARY				
UNIQUE NATIONL COLLECTION 119 E MAPLE JEFFERSON , IN 47130							100.000
ACCOUNT NO.							
ACCOUNT NO.							
Sheet no. of continuation sheets atta to Schedule of Creditors Holding Unsecure			•	A	Sub	total➤	\$ 2300.00
Nonpriority Claims		(Report	(Use only on last page of the also on Summary of Schedules and, if appl Summary of Certain Liabil	licable o	ed Sched	itistical	\$ 88425.00

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 28 of 47

In re Constance Holton , Case No. (if known)

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

In re Constance Holton  Debtor			Case No.	f known)
B 6H (Official Form 6H) (12/07)		Document	Page 29 of 47	
Case 10-15009	DOC I		Ellielen 03/10/10 11:39:13	Desc Main

SCHEDIII	T.	П	 OΠ	T'D'	$\Gamma \Omega$	DC

(if known)

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

$\square$	Check	this l	box	if	debtor	has	no	codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR					

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 30 of 47

If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Caseworker  Caseworker	12/13  Italiy responsible for mation about your spoue is needed, attach a very question.
Debtor 2   Case number (If known)	12/13  Italiy responsible for mation about your spoue is needed, attach a very question.
United States Bankruptcy Court for the:  Northern District of Illinois  Case number (If known)  Check if this is:  An amended filing hame chapter 13 income as to chapter information. If you are married and not filling jointly, and your spouse is living with you, include informyou are separated and your spouse is not filling with you, do not include information about your spouse. If more space apparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to chapter than one job, attach a separate page with information about additional employers.  Debtor 1  Debtor 2 or not employed  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Occupation  Caseworker	12/13  Italiy responsible for mation about your spoue is needed, attach a very question.
Case number ((If known))  Check if this is:  An amended filing  A supplement showing chapter 13 income as a possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equipplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space sparated and your spouse is not filling with you, do not include information about your spouse. If more space sparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. Debtor 1  Part 1: Describe Employment  Fill in your employment  Information. Debtor 1  Debtor 2 or not employed. Employed Employed Not employed. Not employed Not employed work.  Occupation may include student	12/13  Italiy responsible for mation about your spoue is needed, attach a very question.
Official Form B 6   Check if this is:  An amended filing  A supplement showing chapter 13 income as a supplement showing chapter 13 income as a supplement showing chapter 13 income as a supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse is not filing with you, do not include information about your spouse. If more space are spearated and your spouse is not filing with you, do not include information about your spouse. If more space are spearated sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer expearance and the spearance page with information.  Petrophysical Popularies in a supplement showing chapter 13 income as a supplement showing chapter 13 income as a supplement spearance and your spouse is living with you, include information about your spouse. If more space are spearated and your spouse is not filing with you, do not include information about your spouse. If more space are spearated showing the spearance and your spouse is living with you, include information about your spouse. If more space are spearated and your spouse is living with you, include information about your spouse. If more space are spearated and your spouse is living with you, include information about your spouse. If more space are spearated and your spouse is living with you, include information about your spouse. If more space are spearated and your spouse is living with you, and your spous	12/13  Italiy responsible for mation about your spoule is needed, attach a very question.
An amended filing  A supplement showing chapter 13 income as a supplement showing chapter (Debtor 1 and Debtor 2), both are equipplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space parate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer experts 1:  Describe Employment  Fill in your employment  If you have more than one job, attach a separate page with information about additional employers.  Debtor 1  Debtor 2 or not self-employed work.  Occupation  Occupation  Occupation  Caseworker	12/13  Italiy responsible for mation about your spoule is needed, attach a very question.
A supplement showing chapter 13 income as a market of the complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equipplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information are separated and your spouse is not filing with you, do not include information about your spouse. If more space parate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exact 1:  Describe Employment  Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Debtor 1  Debtor 2 or not employed.  Debtor 2 or not employed.  Not employed  Not employed  Not employed  Caseworker	12/13  Itally responsible for mation about your spoue is needed, attach a very question.
chapter 13 income as a month of the composition of the composity of the composition of the composition of the composition of th	of the following date:  12/13  Itally responsible for mation about your spoule is needed, attach a very question.
e as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equipplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space parate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer expands the filing your employment information.    Describe Employment   Debtor 1   Debtor 2 or not provided the provided page of the provi	nally responsible for mation about your spou e is needed, attach a very question.
e as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equalpplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space sparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this fo	nally responsible for mation about your spou e is needed, attach a very question.
parate separated and your spouse is not filing with you, do not include information about your spouse. If more space sparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer exparate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer expanses of the page of th	nally responsible for mation about your spou e is needed, attach a very question.
information.  If you have more than one job, attach a separate page with information about additional employers.  Imployment status    Imployed	PVAANION HOUSEAN GERPLANES SOUPS SEEMEN ALANSMAN ALANSMAN MARIEN SOUPS
If you have more than one job, attach a separate page with information about additional employers.    If you have more than one job, attach a separate page with information about additional employers.    If you have more than one job, attach a separate page with information about additional employers.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.    If you have more than one job, attach a separate page with information about additional employed.   If you have more than one job, attach a separate page with information about additional employed.   If you have more than one job, attach a separate page with information about additional employed.   If you have more than one job, attach a separate page with information about additional employed.   If you have more than one job, attach a separate page with information about additional employed.   If you have more than one jo	PVAANION MOJISAN GIRYNAARS SOOYS SISTEMS MARINA AANIAA AARIAA AANIAA AARIAA AARIAA AARIAA AARIAA AARIAA AARIAA
attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Employment status  Imployed Imp	
information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation  Caseworker  Imployed Employed Imployed Im	
Include part-time, seasonal, or self-employed work.  Occupation may Include student  Occupation  Occupation	yed
self-employed work.  Occupation may Include student  Occupation  Caseworker	=
Occupation may Include student	
or homemaker, if it applies.	
Employer's name Aunte Martha youth	
Employer's address	
Number Street Number Street	
	····
City State ZIP Code City	State ZIP Code
How long employed there? 2 years	
art 2: Give Details About Monthly Income	
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. spouse unless you are separated.	Include your non-filing
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the below. If you need more space, attach a separate sheet to this form.	e lines
For Debtor 1 For Debtor 2 or non-filing spou	
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 2,000.00 \$	NY Stylenous da
Estimate and list monthly overtime pay.  3. +\$ 0.00 + \$	The deliver

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 31 of 47

Constance Holton

Case number (if known)

First Name Middle Name Last Name		Case number	(if known)	<del> </del>
		For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	<b>. →</b> 4.	\$ 2,000.00	<u> </u>	
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	s 360.00	) (	
5b. Mandatory contributions for retirement plans	5b.	0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	0.00		
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	2 (	
5e. Insurance	5e.	\$ 0.00	<u> </u>	
5f. Domestic support obligations	5f.	\$ 0.00		
5g. Union dues	5g.	\$ 0.00	<del></del>	
5h. Other deductions. Specify:	5g. 5h.	+\$ 0.00		
		Ψ	- Ψ	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +5h	1. 6.	\$0.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_1,640.00	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	<u> </u>	
8b. Interest and dividends	8b.	s 0.00	<b>s</b>	
8c. Family support payments that you, a non-filing spouse, or a depend regularly receive	lent			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	Φ	
8d. Unemployment compensation	8d.	\$ 0.00		
8e. Social Security	8e.	\$0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	ince	\$0.00	\$	
Specify:	8f.			
8g. Pension or retirement income	8g.	\$ 0.00	\$	
8h. Other monthly income. Specify:	8h.	+\$0.00	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 0.00	\$	
Calculate monthly income. Add line 7 + line 9.     Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>1.640.00</u>	 	<b>s</b>
1. State all other regular contributions to the expenses that you list in Sche	dule J.			<del> </del>
Include contributions from an unmarried partner, members of your household, other friends or relatives.	your de	ependents, your ro		
Do not include any amounts already included in lines 2-10 or amounts that are	not av	ailable to pay exp		
Specify:			11.	r <u>\$</u>
<ol><li>Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of C</li></ol>	e result Certain l	is the combined n Liabilities and Rel	nonthly income. ated Data, if it applies 12.	\$
13. Do you expect an increase or decrease within the year after you file this	form?			Combined monthly income
Yes. Explain:				
				ļ

Debtor 1

First Name

Middle Name

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 32 of 47

Fill in this information to identify your case:			
Debtor 1 Constance Holton First Name Middle Name out New	Charle if the	io lo:	
Debtor 2	Check if thi		
(Spouse, if filing) First Name Middle Name Last Name	;	nded filing	A management of the same
United States Bankruptcy Court for the: Northern District of Illinois	expense	ement snowing pos es as of the followir	t-petition chapter 13
Case number (if known)	MM / DD		g dato.
Official Form D.C.I		ate filing for Debtor	2 because Debtor 2
Official Form B 6J Schedule J: Your Expenses			
Be as complete and accurate as possible. If two married people are fili information. If more space is needed, attach another sheet to this form (if known). Answer every question.	ng together, both are equally re n. On the top of any additional p	sponsible for suppl ages, write your nan	/ing correct ne and case number
Part 1: Describe Your Household			
Is this a joint case?  ✓ No. Go to line 2.  ✓ Yes. Does Debtor 2 live in a separate household?  ✓ No  ✓ Yes. Debtor 2 must file a separate Schedule J.			
Do you have dependents?  Do not list Debtor 1 and Debtor 2.  No  Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.	SON	18	No Yes
	SON	19	V res
			✓ Yes
			No
			Yes
	2700 · · · · · · · · · · · · · · · · · ·	******	No
			Yes
			No Yes
Do your expenses include expenses of people other than yourself and your dependents?			
Estimate Your Ongoing Monthly Expenses			
stimate your expenses as of your bankruptcy filing date unless you ar xpenses as of a date after the bankruptcy is filed. If this is a supplement pplicable date.	e using this form as a supplement of the box a	ent in a Chapter 13 c at the top of the form	ase to report and fill in the
clude expenses paid for with non-cash government assistance if you such assistance and have included it on Schedule I: Your Income (Of	know the value fficial Form B 6I.)	Your expe	nses
The rental or home ownership expenses for your residence, include f		Transaction to the contract of	4 000 00
any rent for the ground or lot.		4. \$	1,000.00
If not included in line 4:  4a. Real estate taxes			0.00
4a. Real estate taxes		4a. \$	0.00
4h Proporty homogymovia and the			
4b. Property, homeowner's, or renter's insurance		4b. \$	0.00
<ul> <li>4b. Property, homeowner's, or renter's insurance</li> <li>4c. Home maintenance, repair, and upkeep expenses</li> <li>4d. Homeowner's association or condominium dues</li> </ul>		4b. \$4c. \$	0.00

Schedule J: Your Expenses

page 1

# Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 33 of 47

Debtor 1 Constance Holton
First Name Middle Name Last Name Case number (if known)

			Your ex	penses
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6	. Utilities:			
	6a. Electricity, heat, natural gas	6a.	¢	500.00
	6b. Water, sewer, garbage collection	6b.	\$	100.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
	6d. Other. Specify:	6d.	\$ <u> </u>	0.00
7.	-	7,	\$	400.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	
10.	Personal care products and services	10.	\$	
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.		¥	
	Do not include car payments.	12.	\$	0.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15,	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	
	17c. Other, Specify:	17c.	\$	
	17d. Other. Specify:	17d.	\$	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	\$	2.00
	Other payments you make to support others who do not live with you.  Specify:	40		0.00
		19.	\$	0.00
	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inc. 20a. Mortgages on other property	ome.		
		20a.	\$	
	20b. Real estate taxes	20b.	\$	0.00
	20d. Maintenance reneir and unitered assurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

# Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 34 of 47

Debtor 1	Constance	Middle Name	Holton  Last Name	Case number (if)	known)_		
22. <b>Yo</b> t	ner. Specify: ur monthly exper result is your mo	nses. Add lines 4			21. 22.	+\$	2,400.00
23 Cair	ulate your monti	aly not income					
23a.			nthly income) from Schedule I.		23a.	\$	1,640.00
23b.	Copy your mont	hly expenses from	n line 22 above.		23b.	\$	2,400.00
23c.	Subtract your m The result is you	onthly expenses ir monthly net inc	from your monthly income. ome.		23c.	\$	760.00
Fore	xample, do you e	xpect to finish pa	se in your expenses within the young for your car loan within the you	ear or do you expect your			
П			ase because of a modification to t				
	es. Explain he		menter demonstrate per el 1998 e 1999 de la constante de l'entreprise manifeste de mente	em vita matematika a matematika vinda vita antikana matematika matematika a salah salah salah salah salah salah			
	•						
	A A	* * * * * * * * * * * * * * * * * * * *	The second of th				

Document

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Page 35 of 47

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re Constance Holton

Debtor

Case No. (if known)

### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

Date 04/25/2016	Continue Wille
Jaile O 1120/2010	Signature: Undured Johnson
Date	Signature: (Joint Debtor, if any)
	[If joint case, both spouses must sign.]
DECLARATION AND SIGNAT	URE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)
the debtor with a copy of this document and the notices an armount of the complex	aptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been imum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum tor or accepting any fee from the debtor, as required by that section.
rinted or Typed Name and Title, if any, f Bankruptcy Petition Preparer	Social Security No. (Required by 11 U.S.C. § 110.)
the bankruptcy petition preparer is not an individual, sto ho signs this document.	tte the name, title (if any), address, and social security number of the officer, principal, responsible person, or partne
Idress	
ignature of Bankruptcy Petition Preparer	Date
ames and Social Security numbers of all other individuals	s who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:
	lditional signed sheets conforming to the appropriate Official Form for each person.
CU.S.C., 9 130	visions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110
	ALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP
I, the[therefore the]] is sometiment of the	he president or other officer or an authorized agent of the corporation or a member or an authorized agent of the [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have sheets (Total shown on summary page plus I), and that they are true and correct to the best of my
ate	Signature:
	[Print or type name of individual signing on behalf of debtor.]
	trant of type name of materials signing on behalf of debtor.

# UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re-	Constance Holton	
111 (0.	Debtor	Case No. (if known)
		STATEMENT OF FINANCIAL AFFAIRS
filed. shoul affair child	nation for both spouses who An individual debtor engaged provide the information rest. To indicate payments, tra	completed by every debtor. Spouses filing a joint petition may file a single statement on which is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish other or not a joint petition is filed, unless the spouses are separated and a joint petition is not ged in business as a sole proprietor, partner, family farmer, or self-employed professional, equested on this statement concerning all such activities as well as the individual's personal ensiers and the like to minor children, state the child's initials and the name and address of the s "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. m).
additt	complete Questions 19 - 25.	be completed by all debtors. Debtors that are or have been in business, as defined below, also If the answer to an applicable question is "None," mark the box labeled "None." If answer to any question, use and attach a separate sheet properly identified with the case name, number of the question.
		DEFINITIONS
of the self-er engag	ing of this bankruptcy case, voting or equity securities of apployed full-time or part-time	is "in business" for the purpose of this form if the debtor is a corporation or partnership. An for the purpose of this form if the debtor is or has been, within six years immediately preceding any of the following: an officer, director, managing executive, or owner of 5 percent or more of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or ne. An individual debtor also may be "in business" for the purpose of this form if the debtor her activity, other than as an employee, to supplement income from the debtor's primary
contro	ciatives; corporations of wh	sider" includes but is not limited to: relatives of the debtor; general partners of the debtor and ich the debtor is an officer, director, or person in control; officers, directors, and any persons in heir relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of 1).
	1. Income from emp	oyment or operation of business
None	beginning of this calend two years immediately the basis of a fiscal ratho of the debtor's fiscal yea under chapter 12 or chap	f income the debtor has received from employment, trade, or profession, or from operation of cluding part-time activities either as an employee or in independent trade or business, from the ar year to the date this case was commenced. State also the gross amounts received during the preceding this calendar year. (A debtor that maintains, or has maintained, financial records on or than a calendar year may report fiscal year income. Identify the beginning and ending dates r.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing ter 13 must state income of both spouses whether or not a joint petition is filed, unless the d a joint petition is not filed.)
	AMOUNT	SOURCE
	1640.00	Employment

B7 (Official	Form 7	7) (	04/1	31
--------------	--------	------	------	----

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS

AMOUNT PAID AMOUNT STILL OWING 2

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225°. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF PAYMENTS/ TRANSFERS AMOUNT PAID OR VALUE OF AMOUNT STILL OWING

**TRANSFERS** 

<sup>\*</sup>Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 38 of 47

B7 (Official Form 7) (04/13)

3

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF PROCEEDING

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

### 6. Assignments and receiverships



a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT TERMS OF ASSIGNMENT OR SETTLEMENT



b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY 4

7. Gifts



List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY DATE OF GIFT DESCRIPTION AND VALUE OF GIFT

8. Losses



List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE CHE PARTICLE AND

DATE OF LOSS

BY INSURANCE, GIVE PARTICULARS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY 5

#### 10. Other transfers



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

#### 11. Closed financial accounts



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

6

13	61 - 6-		
14.	Saie	deposit	boxes



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR

NAMES AND ADDRESSES OF THOSE WITH ACCESS

DESCRIPTION OF

DATE OF TRANSFER OR SURRENDER,

OTHER DEPOSITORY

TO BOX OR DEPOSITORY

**CONTENTS** 

IF ANY

#### 13. Setoffs



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF **SETOFF** 

**AMOUNT** OF SETOFF

#### 14. Property held for another person



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor



If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 

NAME USED

DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME

NAME AND ADDRESS

DATE OF

**ENVIRONMENTAL** 

7

AND ADDRESS

OF GOVERNMENTAL UNIT

NOTICE

LAW



b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME

NAME AND ADDRESS

DATE OF

**ENVIRONMENTAL** 

AND ADDRESS

OF GOVERNMENTAL UNIT

NOTICE

LAW



c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

**DOCKET NUMBER** 

STATUS OR DISPOSITION

#### 18. Nature, location and name of business



a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or

### Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 43 of 47

B7 (Official Form 7) (04/13)

8

other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

**NAME** 

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN

ADDRESS NATURE OF BUSINESS

BEGINNING AND ENDING DATES

None |

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

**ADDRESS** 

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED



b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

**ADDRESS** 

DATES SERVICES RENDERED

Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 44 of 47

9

	ficial Form 7) (04/13)		
None	c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, exp		
	NAME		ADDRESS
None	financial statement was issued by the debto	nd other parties, includ r within <b>two years</b> imr	ing mercantile and trade agencies, to whom a nediately preceding the commencement of this cas
	NAME AND ADDRESS		DATE ISSUED
***************************************	20. Inventories		
None	a. List the dates of the last two inventories taking of each inventory, and the dollar amount	taken of your property, ount and basis of each i	the name of the person who supervised the inventory.
	DATE OF INVENTORY INVENT	ORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY
			(Specify cost, market or other basis)
None	b. List the name and address of the person hin a., above.	naving possession of th	
None	b. List the name and address of the person hin a., above.  DATE OF INVENTORY	naving possession of th	(Specify cost, market or other basis)
None	in a., above.		(Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN
None None	DATE OF INVENTORY  21 . Current Partners, Officers, Directors	and Shareholders	(Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN
	21. Current Partners, Officers, Directors a. If the debtor is a partnership, list the partnership.	and Shareholders	(Specify cost, market or other basis) e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
	21 . Current Partners, Officers, Directors  a. If the debtor is a partnership, list the partnership.  NAME AND ADDRESS NAT	and Shareholders  nature and percentage  URE OF INTEREST	(Specify cost, market or other basis)  e records of each of the inventories reported  NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS  of partnership interest of each member of the  PERCENTAGE OF INTEREST

10

, officers,	directors	and	shareholder
	, officers,	, officers, directors	, officers, directors and



a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

**NAME** 

**ADDRESS** 

DATE OF WITHDRAWAL



b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

### 23. Withdrawals from a partnership or distributions by a corporation



If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

### 24. Tax Consolidation Group.



If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER-IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.



If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER-IDENTIFICATION NUMBER (EIN)

[If completed by an individual or individual and spouse]

# Case 16-15809 Doc 1 Filed 05/10/16 Entered 05/10/16 11:39:13 Desc Main Document Page 46 of 47

	7) (04/13)			
I decla and an	re under penalty of perj y attachments thereto ar	ury that I have read the answ nd that they are true and corr	ers conta	ined in the foregoing statement of financial affairs
Date	04/25/2016	Signature o		Contere Holi
Date		Signature of Joint Debtor	(if any)	
If comp	leted on behalf of a partners	hip or corporation]		
I declare thereto a	under penalty of perjury tha nd that they are true and corr	t I have read the answers contained rect to the best of my knowledge, in	in the fore nformation	going statement of financial affairs and any attachments and belief.
Date		_	Signature	
		Print Name	and Title	
	[An individual signing on b	chalf of a partnership or corporation	on must ind	icate position or relationship to debtor.]
		continuation sheet	ts attached	
Pena	lty for making a false statemen	t: Fine of up to \$500,000 or imprisor	ımeni for up	to 5 years, or both. 18 U.S.C. §§ 152 and 3571
I declare under pena empensation and have 42(b); and, (3) if rul	alty of perjury that: (1) I am we provided the debtor with a es or guidelines have been pu we given the debtor notice or	a bankruptcy petition preparer as of a copy of this document and the no	defined in 1 tices and in	PETITION PREPARER (See 11 U.S.C. § 110)  1 U.S.C. § 110; (2) I prepared this document for formation required under 11 U.S.C. §§ 110(b), 110(h), and ting a maximum fee for services chargeable by bankruptcy locument for filing for a debtor or accepting any fee from
Printed or Typed Na	me and Title, if any, of Bank	cruptcy Petition Preparer	Social-Se	curity No. (Required by 11 U.S.C. § 110.)
he bankruptcy petiti ponsible person, or	ion preparer is not an indivic partner who signs this docu	hual, state the name, title (if any), o ment.	iddress, and	l social-security number of the officer, principal,
Address				
lignature of Bankrup	tcy Petition Preparer	·	Date	

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.

Filed 05/10/16 Case 16-15809 Doc 1 Entered 05/10/16 11:39:13 Desc Main Document Page 47 of 47

B 201B (Form 201B) (12/09)

# United States Bankruptcy Court

Northern Distri	ct OfIllinois
In re Constance Holton Debtor	Case No
CERTIFICATION OF NOTICE UNDER § 342(b) OF THE	TO CONSUMER DEBTOR(S) E BANKRUPTCY CODE
Certification of [Non-Attorney]  I, the [non-attorney] bankruptcy petition preparer signing the attached notice, as required by § 342(b) of the Bankruptcy Code.	Bankruptcy Petition Preparer debtor's petition, hereby certify that I delivered to the debtor the
Printed name and title, if any, of Bankruptcy Petition Preparer  X	Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.	
I (We), the debtor(s), affirm that I (we) have received and read Code.  Constance Holton	f the Debtor If the attached notice, as required by § 342(b) of the Bankruptcy
Printed Nama(s) of Dahta (s)	1,000

Printed Name(s) of Debtor(s)

Signature of Debtor Date

Signature of Joint Debtor (if any)

Case No. (if known)

Date 04/25/2016

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.